

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6838</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Phillip</u> <u>R</u> <u>Saal</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>739 So. Anza Street</u> City <u>El Cajon</u> State <u>California</u> ZIP Code + 4 <u></u>	4. Name, file number, and address of labor organization. Name <u>Teamsters Local 542</u> Labor Organization File Number <u>038-722</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>4666 Mission Gorge Place</u> City <u>San Diego</u> State <u>California</u> ZIP Code + 4 <u>92120</u>
5. Position in labor organization. <u>Secretary-Treasurer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Phillip R Saal

On

08/10/2005

Date

619-582-0542

Telephone Number

Name of Person Filing Phillip Saal

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Safeguard Health Plans

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 100

Street 95 Enterprise

City Aliso Viejo

State California ZIP Code + 4 92656-2605

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State California ZIP Code + 4

11.a. Nature of such dealing.

Request for proposal for dental plan for Local staff

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Golf 3/12/04

12.b. Amount.

\$50

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Phillip Saal

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Delta Dental

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 12898 Towne Center Drive

City Cerritos

State California ZIP Code + 4 90703

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name SanDiego Co. Teamsters Employers Ins. Trust

Trade Name, if any: STEFA

P.O. Box, Bldg., Room No., if any Suite 207

Street 2831 Camino Del Rio South

City San Diego

State California ZIP Code + 4 92108

11.a. Nature of such dealing.

Soliciting business

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Baseball Game and lunch 9/8/04

12.b. Amount.

\$125

Name of Person Filing Phillip Saal

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Health Management Center, Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 1000

Street 7755 Center Avenue

City Huntington Beach

State California ZIP Code + 4 92647

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Teamsters&Food Employers Security Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1000 S. Fremont Avenue, A-9 West

City Alhambra

State California ZIP Code + 4 91803-4737

11.a. Nature of such dealing.

Soliciting Business

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Golf and Lunch 10/12/04

12.b. Amount.

\$75

Name of Person Filing Phillip Saal

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Rx Prescription Solutions

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3515 Harbor Blvd.

City Costa Mesa

State California ZIP Code + 4 92626

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name SanDiego Co.Teamsters Employers Ins. Trust

Trade Name, if any: STEFA

P.O. Box, Bldg., Room No., if any Suite 207

Street 2831 Camino del Rio South

City San Diego

State California ZIP Code + 4 92108

11.a. Nature of such dealing.

Soliciting Business

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Golf and lunch 7/29/04

12.b. Amount.

\$190

Name of Person Filing Phillip Saal

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Health Management Center, Inc.

Trade Name, if any: HMC

P.O. Box, Bldg., Room No., if any Suite 1000

Street 7755 Center Avenue

City Huntington Beach

State California ZIP Code + 4 92647

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name SanDiegoCo.Teamsters EmployersIns.Trust Fund

Trade Name, if any: STEFA

P.O. Box, Bldg., Room No., if any Suite 207

Street 2831 Camino del Rio South

City San Diego

State California ZIP Code + 4 92108

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

11.a. Nature of such dealing.

Request for proposal for behavioral health and prescription plan

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Golf and lunch 4/1/04

12.b. Amount.

\$75

Name of Person Filing Phillip Saal

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Pacific Federal

Trade Name, if any: PACFED

P.O. Box, Bldg., Room No., if any Suite 400

Street 1000 North Central Avenue

City Glendale

State California ZIP Code + 4 91202

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Request for information on various health plans.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Golf and breakfast 4/23/04

12.b. Amount.

\$80

Name of Person Filing Phillip Saal

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Southwest Administrators

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1000 So. Fremont Avenue

City Alhambra

State California ZIP Code + 4 91803-4737

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Food Employers Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1000 So. Fremont Avenue

City Alhambra

State California ZIP Code + 4

11.a. Nature of such dealing.

Administer the trust

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Golf 5/10/04

12.b. Amount.

\$150



Name of Person Filing Phillip Saal

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name James Matthew Brown

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 200

Street 2044 First Avenue

City San Diego

State California ZIP Code + 4 92101

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Group Legal Consultants

Trade Name, if any: JC 42 Legal Benefit Plan

P.O. Box, Bldg., Room No., if any P.O. Box 3417

Street

City Burbank

State California ZIP Code + 4 91508-3417

11.a. Nature of such dealing.

Soliciting legal business

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Baseball game 6/2/04

12.b. Amount.

\$65

Name of Person Filing Phillip Saal

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name American Union Financial Services

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 420

Street 2 Venture Plaza

City Irvine

State California ZIP Code + 4 92618

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

11.a. Nature of such dealing.

Soliciting Business

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Golf and Dinner 6/18/04

12.b. Amount.

\$200

Name of Person Filing Phillip Saal

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name American Union Home Loan  
Trade Name, if any:  
P.O. Box, Bldg., Room No., if any 7th Floor  
Street 3200 Bristol Street  
City Costa Mesa  
State California ZIP Code + 4 92626

9. Business deals with:

- ☒ a. Labor Organization  
☐ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name  
Trade Name, if any:  
P.O. Box, Bldg., Room No., if any  
Street  
City  
State ZIP Code + 4

11.a. Nature of such dealing.

Soliciting Business

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Golf 6/21/04

12.b. Amount.

\$85

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Safeguard Health Plans

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 100

Street 95 Enterprise

City Aliso Viejo

State California ZIP Code + 4 92656-2605

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 11.a. Nature of such dealing.

Soliciting Business

11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Golf 7/2/04

12.b. Amount.

\$75

Name of Person Filing Phillip Saal

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Rx Prescription Solutions

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Mailstop LC07-119

Street 3515 Harbor Blvd.

City Costa Mesa

State California ZIP Code + 4 92626

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name SanDiego Co.Teamsters EmployersIns.TrustFund

Trade Name, if any: STEFA

P.O. Box, Bldg., Room No., if any Suite 207

Street 2831 Camino Del Rio South

City San Diego

State California ZIP Code + 4 92108

11.a. Nature of such dealing.

Request for proposal for prescription plan

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Golf and lunch 7/29/04

12.b. Amount.

\$125

Name of Person Filing Phillip Saal

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Blue Cross

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 21555 oxnard st

City woodland hills

State California ZIP Code + 4 91367

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name san diego co.teamsters employers trust fund

Trade Name, if any: STEFA

P.O. Box, Bldg., Room No., if any

Street 2831 Camin Del Rio So

City San Diego

State California ZIP Code + 4 92108

## 11.a. Nature of such dealing.

Soliciting Business

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Golf - 8-9-04

## 12.b. Amount.

\$125

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

Name of Person Filing Phillip Saal

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name New York Life Insurance

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 300

Street 8910 University Center Lane

City San Diego

State California ZIP Code + 4 92122

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

11.a. Nature of such dealing.

Soliciting life insurance and key man insurance business

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Golf 8/12/04

12.b. Amount.

\$90

Name of Person Filing Phillip Saal

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Delta Dental

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 12898 Towne Center Drive

City Cerritos

State California ZIP Code + 4 90703

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Request for proposal for dental plan for local office staff

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Baseball Game and lunch 9/8/04

12.b. Amount.

\$125



Name of Person Filing Phillip Saal	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Rx Prescription Solutions</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Mailstop LC07-119</p> <p>Street 3515 Harbor Blvd.</p> <p>City Costa Mesa</p> <p>State California ZIP Code + 4 92626</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name SanDiego Co.TeamstersEmployers Ins.TrustFund</p> <p>Trade Name, if any: STEFA</p> <p>P.O. Box, Bldg., Room No., if any Suite 207</p> <p>Street 2831 Camino del Rio South</p> <p>City San Diego</p> <p>State California ZIP Code + 4 92108</p>	<p>11.a. Nature of such dealing.</p> <p>Request for proposal for prescription plan</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>Golf and lunch 10/12/04</p> <p>12.b. Amount. \$190</p>

Name of Person Filing Phillip Saal

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Safeguard Health Plans

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 100

Street 95 Enterprise

City Aliso Viejo

State California ZIP Code + 4 92656-2605

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Soliciting business

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Dinner 11/6/04

12.b. Amount.

\$125

Name of Person Filing Phillip Saal

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Safeguard Health Plans

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 100

Street 95 Enterprise

City Aliso Viejo

State California ZIP Code + 4 92656-2605

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

11.a. Nature of such dealing.

Soliciting business

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Dinner JC 42 meeting 12/10/04

12.b. Amount.

\$125

Name of Person Filing Phillip Saal

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Pacific Coast Benefit Trust

Trade Name, if any: PCBT

P.O. Box, Bldg., Room No., if any

Street 2323 Eastlake Avenue East

City Seattle

State Washington ZIP Code + 4 98102

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Pacific Coast Benefit Trust

Trade Name, if any: PCBT

P.O. Box, Bldg., Room No., if any

Street 2323 Eastlake Avenue East

City Seattle

State Washington ZIP Code + 4 98102

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

11.a. Nature of such dealing.

Trust Meeting

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Lodging, airfare, rental car for trust meeting  
5/25/04

12.b. Amount.

\$462

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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Name Pacific Coast Benefit Trust

Trade Name, if any: PCBT

P.O. Box, Bldg., Room No., if any

Street 2323 Eastlake Avenue

City Seattle

State Washington ZIP Code + 4 98102

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 11.a. Nature of such dealing.

Trust Meeting

11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Lodging, airfare, rental car for trust meeting  
9/29/04

12.b. Amount.

\$536

Name of Person Filing <b>Phillip Saal</b>	File Number <b>U-</b>
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**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<b>8. Name and address of Business (including trade name, if any).</b>  Name <input type="text" value="Riviera Hotel"/>  Trade Name, if any: <input type="text"/>  P.O. Box, Bldg., Room No., if any <input type="text"/>  Street <input type="text" value="1600 N. Indian Canyon Drive"/>  City <input type="text" value="Palm Springs"/>  State <input type="text" value="California"/> ZIP Code + 4 <input type="text" value="92262"/>	<b>9. Business deals with:</b>  <input checked="" type="checkbox"/> a. Labor Organization  <input type="checkbox"/> b. Trust  <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name <input type="text"/>  Trade Name, if any: <input type="text"/>  P.O. Box, Bldg., Room No., if any <input type="text"/>  Street <input type="text"/>  City <input type="text"/>  State <input type="text"/> ZIP Code + 4 <input type="text"/>	<b>11.a. Nature of such dealing.</b> <div><input type="text" value="Hotel where JC 42 meetings held"/></div> <b>11.b. Approximate dollar value of such dealing.</b> <input type="text"/>  <b>12.a. Nature of interest held or income received.</b> <div><input type="text" value="Gift basket of fruit and cheese 6/16/04"/></div> <b>12.b. Amount.</b> <input type="text" value="\$30"/>

Name of Person Filing <b>Phillip Saal</b>	File Number <b>U-</b>
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## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="Riviera Hotel"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="1600 N. Indian Canyon Drive"/></p> <p>City <input type="text" value="Palm Springs"/></p> <p>State <input type="text" value="California"/> ZIP Code + 4 <input type="text" value="92262"/></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <p><input type="text" value="Hotel where JC 42 meeting held 12/10/04"/></p> <p>11.b. Approximate dollar value of such dealing. <input type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <p><input type="text" value="Gift basket of fruit and cheese"/></p> <p>12.b. Amount. <input type="text" value="\$30"/></p>

Name of Person Filing Phillip Saal

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Health Management Center, Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 1000

Street 7755 Center Avenue

City Huntington Beach

State California ZIP Code + 4 92647

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Western Teamsters Welfare Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1000 So. Fremont Avenue - A9W

City Alhambra

State California ZIP Code + 4 91802-1121

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

11.a. Nature of such dealing.

Health care provider

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Golf and Lunch 2/04

12.b. Amount.

\$205



Name of Person Filing Phillip Saal

File Number U-

## Part B Continuation Page

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Name Pacific Coast Benefit Trust

Trade Name, if any: PCBT

P.O. Box, Bldg., Room No., if any

Street 2323 Eastlake Avenue East

City Seattle

State Washington ZIP Code + 4 98102

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Pacific Coast Benefit Trust

Trade Name, if any: PCBT

P.O. Box, Bldg., Room No., if any

Street 2323 Eastlake Avenue East

City Seattle

State Washington ZIP Code + 4 98102

## 11.a. Nature of such dealing.

Trust Meeting 2/12/04

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Food, lodging and airfare for trust meeting 2/12/04

## 12.b. Amount.

\$452